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Imperial's County-wide X-ray Survey

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This is a report of California's first large-scale chest X-ray survey for tuberculosis. More than seven months in the planning stage and seven weeks in its execution, the Imperial County survey makes an interesting study in casefinding procedures and community-wide organization for action.

In all, 37,934 persons were X-rayed. Of this number, 572 persons, or 15 out of every 1,000 X-rayed, had shadows on their films suggestive of pulmonary tuberculosis. Another 151 had findings suggestive of cardiac pathology, and 136 indicated other involvement.

This report of preliminary data by Doctor Oechsli and Mr. Hanks, who spent full time in the survey, presents a pattern by which many areas of the Nation, through concentrated community-wide casefinding efforts, are hoping to press the age-old disease tuberculosis to the very brink of oblivion.

San Diego is also just completing a mass chest X-ray survey, which reached 245,000 persons, and on March 22d Los Angeles City and County will launch the largest-scale X-ray survey in history, with a goal set at 2,500,000 persons.

Prosecution of a modern tuberculosis control program in a community presupposes accurate knowledge of the number and identity of all individuals in the community who have active or potentially active pulmonary tuberculosis. Agreement by the private physician, the health officer, the voluntary tuberculosis agencies, and the public at large regarding the necessity of this basic concept has led to the planning and execution of X-ray survey programs whereby serious and concerted attempts are made during a short period of time to X-ray, on miniature film, the chests of as large a percentage of the total adult population as possible.

The Imperial County case-finding project was undertaken on the cooperative pattern successfully tested in other states by the U. S. Public Health Service, and following a request made to the State Department of Public Health in the spring of 1949. This request was based on an agreement reached by the County Board of Supervisors, County Health Department, County Medical Society, Tuberculosis Association, Health and Welfare Council, Imperial Valley Tuberculosis Sanatorium, and other civic and professional organizations.

The decision to conduct an intensive X-ray survey throughout the entire county was unique in that this type of survey had not been attempted previously in a rural county of California. Imperial County's "eligible" population for the survey (those over 15) was estimated at 48,000, out of a total estimated population of 60,000.

Organization

The specially formed and widely representative body which administered the county-wide survey was organized as the Imperial County Chest X-ray Survey, Inc. The already existing Health and Welfare Council was enlarged to form a board of directors, from which an executive board was formed. A local man was secured to serve as executive coordinator.

The City of El Centro contributed a building for headquarters. Committees were formed to decide medical policies, with approval of the County Medical Society, to arrange locations for the X-ray units, to conduct a house-to-house canvass of every community, to obtain hostesses for the X-ray units, and to promote the survey through every civic, business, and cultural organization in the county.

The State Department of Public Health and the California Tuberculosis and Health Association, together with the Imperial County Health Department, furnished medical and clerical personnel, one

analyst, two health educators, and seven X-ray technicians. Nursing service was provided by the County Health Department. Three 70 mm. mobile X-ray units and an X-ray machine for 14- x 17-inch film in the retake center were used.

Procedure

The actual X-ray period was preceded by advance publicity in which newspaper, radio, and all other informational channels to the public were used. X-ray units were then placed in successive communities in the county as the film-taking progressed.

The miniature films were developed rapidly and read in a retake center. By agreement with county physicians and the local health department, 14- x 17-inch films were made on all persons with miniature-film suggestions of pathological conditions, except cardiac cases, who returned for interview only.

Appointment for the large X-ray was in the mails less than a week after the miniature film was taken. When these persons came in for retake they were interviewed for history and a preliminary reading was made of the wet film. Some disposition of the case, depending on X-ray findings and clinical symptoms, was made at the time of this interview—dismissal, referral to their private physician or to a chest clinic, or recommendation for sanatorium care.

Results

This is a preliminary report and only findings based on miniature films are available at present. The final results will be published later.

During a period of six and one-half weeks, ending January 18th, a total of 38,033 X-rays were made by the three units. For miscellaneous reasons 249 were not readable, and, of these, 150 persons returned for another miniature film, giving a corrected total of 37,934 persons X-rayed. The findings are given in Table I.

Table I

Consistent with pulmonary tuberculosis	287	(0.76%)
Minimal	135 (47% of 287)	
Moderately advanced	99 (35% of 287)	
Far advanced	53 (18% of 287)	
Suggestive of pulmonary tuberculosis	285	(0.75%)
Suggestive of cardiac pathology	151	(0.40%)
Suggestive of other pathology	136	(0.36%)
Total X-rayed	37,934	(100.00%)

The term "consistent with pulmonary tuberculosis" is used to include abnormal shadows which, in all probability, are due to tuberculosis. It includes the categories of active, inactive, and status of activity uncertain. These, plus the suggested diagnoses, gave a total of 572 persons in whom pulmonary tuberculosis was considered possible. This was approximately 15 persons to every 1,000 films, a figure somewhat higher than the average found in the metropolitan mass surveys in other parts of the country.

Not all of the 37,934 persons X-rayed were residents of Imperial County. Approximately 2,500 residents of Mexicali and vicinity came across the border and were X-rayed while the units were in Calexico. X-rayed also were 878 residents of other California counties and 145 from other states.

A spot check of those X-rayed by a unit near the gate of entry from Mexico indicated that the prevalence of probable tuberculosis was (1) higher among Imperial County residents living in Calexico than in county residents as a whole, and (2) almost twice as high in residents of Mexico as among residents of Calexico.

Table II shows results of the X-rays taken of residents of Calexico as compared with residents from below the border in Mexicali.

Table II

	Calexico	*Mexicali*	*Total*
Consistent with pulmonary tuberculosis	22 (1.6%)	38 (3.1%)	60 (2.3%)
Suggestive of pulmonary tuberculosis	11 (0.8%)	11 (0.9%)	22 (0.9%)
Total	1349	1207	2556

These findings show the epidemiological significance of control, or lack of control, at the border. It is reported that since 1945 no less than 45,000 "crossing cards" have been issued, allowing the holders to enter Imperial County by the day. The positive findings among Mexican residents were referred to the health department in Mexicali.

Approximately 1,700 Mexican nationals, who were living or working under contract on ranches in Imperial County, were X-rayed by arrangement with the Imperial Valley Farmers' Association. Of these, 23, or 1.44 percent (as compared with 0.76 percent for the total number X-rayed), showed evidence of pulmonary tuberculosis. Their reports also went to the health department in Mexicali.

As of February 24, 1950, 23 persons had been admitted to the Imperial Valley Tuberculosis Sanatorium, one to the San Diego Naval Hospital, and one to a private institution in San Diego. Sanatorium care had been recommended for at least 22 others and admission to care was expected in the near future. Survey follow-up on California's first mass X-ray project continues.

"Health cannot be achieved merely through a medical approach, as adequate housing, a living wage, good working conditions, education, recreation, and other facilities are all involved in physical and mental well-being."—*National Health Assembly.*

Board Appoints Consultants, Advisory Committees for 1950

Advisory committees and consultants, as appointed by the State Board of Public Health and the Director of the State Department of Public Health to serve during 1950, are given below. As in past years, these committees and consultants are contributing valuable services in guidance to the on-going program of public health in California.

Advisory Committees

Clinical Laboratory Technicians' Advisory Committee

Northern Committee: Kathryn Grundman, Oakland; Paul Guttman, M.D., Sacramento; Paul G. Hattersley, M. D., San Francisco; Lucien D. Hertert, San Francisco; Herbert G. Johnstone, Ph.D., San Francisco.

Southern Committee: A. G. Foord, M.D., Pasadena; John F. Kessel, Ph.D., Los Angeles; George D. Maner, M.D., Los Angeles; Mrs. Leo F. Pierce, Los Angeles; Maxine Wertman, Alhambra.

Advisory Committee on Hearing Conservation

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Advisory Committee on Sanitarian's Standards

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Advisory Committee on School Audiometry

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Advisors to Committee: Alonzo F. Brand, M.D., San Francisco; Edith P. Sappington, M.D., San Francisco.

Subcommittee Consultants to Committee: Wilma Becknell, Santa Barbara; Judith A. Davis, Santa Barbara; James D. Garrigan, Santa Barbara; Walter Mangold, Berkeley; Levitte Mendel, San Jose; Dorothy B. Nyswander, Ph.D., Berkeley.

Advisory Committee on Dental Health

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Cannery Inspection Board

Allen Lynn, Sacramento; R. E. Sanborn, San Francisco; S. J. Tupper, Oroville; Gilbert C. Van Camp, Terminal Island.

Statutory Members: K. F. Meyer, M.D., San Francisco; Wilton L. Halverson, M.D., San Francisco.

Consultants

Adult Health: Rutherford T. Johnstone, M. D., Los Angeles; W. P. Shepard, M.D., San Francisco.

Animal Industry: George H. Hart, D.V.M., Davis.

Bacteriology: Charles M. Carpenter, M.D., Los Angeles; E. W. Schultz, M.D., San Francisco; R. V. Stone, D.V.M., Los Angeles.

Cerebral Palsy: Kenneth Jacques, M.D., Los Angeles; Margaret H. Jones, M.D., Glendale.

Education, Health: Walter H. Brown, M. D., Palo Alto; Dorothy B. Nuyswander, Ph.D., Berkeley; W. B. Ryan (Radio), Los Angeles; W. P. Shepard, M.D., San Francisco; Walter Wanger (Motion Pictures), Beverly Hills.

Entomology: Stanley B. Freeborn, Ph.D., Berkeley.

Epidemiology: Norman Nelson, M.D., Los Angeles.

General: Karl F. Meyer, M.D., San Francisco.

Hansen's Disease: Robert K. Maddock, M.D., San Francisco.

Hospital Administration: Anthony J. J. Rourke, M.D., San Francisco; Richard J. Stull, San Francisco.

Microbiology: John F. Kessel, Ph.D., Los Angeles.

Ophthalmology: Frederick C. Cordes, M.D., San Francisco.

Orthopedics: LeRoy C. Abbott, M.D., San Francisco; Charles LeRoy Lowman, M.D., Los Angeles; John C. Wilson, M.D., Los Angeles.

Parasitology: Herbert G. Johnstone, Ph.D., San Francisco.

Rheumatic Fever: Harold Rosenblum, M.D., San Francisco; George C. Griffith, M.D., Pasadena.

Statistics, Public Health: E. L. Lucia, Ph.D., San Francisco.

Tuberculosis: Sidney J. Shipman, M.D., San Francisco; F. M. Pottenger, M.D., Monrovia.

Veterinary Medicine: John B. Enright, Ph.D., Berkeley.

Virus Laboratory: Henry B. Bruyn, M.D., San Francisco.

Botulinus Antitoxin Stations Listed for State

A revised list of hospitals, health departments and drug stores stocking botulinus antitoxin in various sections of the State has been prepared by the State Department of Public Health. This information enables physicians, hospitals and health departments to obtain botulinus antitoxin from the nearest point of supply in case of emergency.

The stations are listed by counties as follows:

Alameda
Berkeley:
Herrick Memorial Hospital

Humboldt
Eureka:
General Hospital

Lake
Lakeport:
Meddaugh's Rexall Drug Store

Lassen
Susanville:
Lassen County Hospital

Los Angeles
Long Beach:
George H. Yowell, Lederle Laboratory
Phone, Long Beach 90-4508
Los Angeles:
J. J. Boyle, Branch Manager, Lederle Laboratories
2811 Leeward Avenue
Phone, Fairfax 1383, Day or Night

Madera
Madera County Health Department

Marin
Fairfax:
Fairfax Pharmacy
San Rafael:
Champion Ward Prescription Pharmacy
San Anselmo:
San Anselmo Pharmacy

Monterey
Salinas:
Hank's Drug Store

Napa
Sanitarium:
St. Helena Sanitarium
St. Helena:
Smith's Pharmacy

Orange
Fullerton:
Hardy's Drug Store

Plumas
Quincy:
Plumas County Hospital

Riverside
Riverside:
Cotton's Drug Store

San Bernardino
San Bernardino:
(1) Hunter's Pharmacy
(2) San Bernardino Prescription Pharmacy

San Diego
San Diego:
County General Hospital

San Francisco
San Francisco:
Chas. B. Cowan, Branch Manager, Lederle Laboratories
883 Mission Street
Phone, EXbrook 2-3730, Day or Night

San Joaquin
French Camp:
General Hospital

Santa Barbara
Santa Barbara:
Columbia Drug Company

Santa Clara
Palo Alto:
(1) California Avenue Pharmacy
(2) The Crow Pharmacy
(3) Palo Alto Hospital
San Jose:
(1) San Jose First Aid Station
(2) Pharmacy, County Hospital

Santa Cruz
Santa Cruz:
Walter's Pharmacy

Sonoma
Santa Rosa:
(1) Santa Rosa Memorial Hospital
(2) Pharmacy, County Hospital

C. A. H. P. E. R. to Meet April 1st to 5th

The annual meeting of the California Association for Health, Physical Education, and Recreation will be held in Santa Barbara April 1st to 5th. An invitation for interested public health personnel to attend has been extended by Margaret Cann, vice president for health. Sessions of the health section begin on Sunday afternoon, April 2d, and continue through April 4th. A number of interesting school health topics appear on the program, details of which may be obtained from Miss Cann, Office of the Madera County Superintendent of Schools, Madera.

New Health and Safety Code Now Ready

The new edition of the *Health and Safety Code* is now available from the State Printing Division, 11th and O Streets, Sacramento 14, at a price of $2 per copy in paper binding, or $3.50 in keratol binding, plus sales tax. This edition of the code, dated 1949, will include all amendments to the *Health and Safety Code* which were enacted at the 1949 Regular Session of the State Legislature.

Neurosyphilis Bill Not a Law

Assembly Bill No. 1068 of the 1949 State Legislature, which would have required the reporting of neurosyphilis cases to the Department of Motor Vehicles by health departments, did not become a law, although reported so in the July 31, 1949, issue of *California's Health*. Some health departments have begun to notify the Department of Motor Vehicles of neurosyphilis cases. As this is not required by law, the procedure should not be continued.

Smallpox in Mexico

On January 26, 1950, the State Department of Public Health was advised by the U. S. Public Health Service that cases of severe smallpox had been reported along the west coast of Mexico. This information was sent to all health officers in California on January 27th. At that time, cases were being reported in the States of Jalisco and Michoacan.

On February 13, 1950, the State Department was advised that the latest figures regarding the smallpox situation in Mexico were:

State of Michoacan	35 cases in 1950
State of Jalisco	7 cases in 1950
State of Zacatecas	7 cases in 1950

Information received February 27th indicates that there have not been any new cases of smallpox there during the past two weeks. However, the U. S. Public Health Service has placed additional inspectors along the border and notices are still being sent to local health officers regarding persons entering the United States, giving their addresses at destination and the dates they are to be under observation for possible symptoms of smallpox.

The Communicable Disease Center of the U. S. Public Health Service has been alerted to be prepared to provide any extra assistance that might be needed in the event of importation of smallpox into this country. Negotiations with World Health Organization are proceeding for sending observers from the State Department of Public Health into Mexico to increase their familiarity with the disease.

Public Health Positions

Health Educator: Orange county announces an opening for a health educator for immediate appointment. Salary range is $303 to $375. Applications should be mailed to the Personnel Office, County of Orange, 636 North Broadway, Santa Ana, immediately. Full job history and experience should be included with application. Selection will be made on the basis of application and personal interview. Graduate training in health education is required.

Medical Officer, Public Health Service: A competitive examination for appointment of Medical Officers in the Regular Corps of the United States Public Health Service will be held May 15th, 16th, and 17th, in cities located as centrally as possible in relation to the homes of candidates. Applications must be received by the Office of the Surgeon General, U. S. Public Health Service, Federal Security Agency, Washington 25, D. C., before April 17th. Further information should be obtained by writing to the above address.

Water and Sewage Plant Supervisor: The California State Personnel Board will hold this examination April 22d. Final date for filing is April 1st. Salary range is $281 to $341. Applications should be addressed to the State Personnel Board, Sacramento.

Recreation Manual Published

With a purpose "to aid and encourage the development of recreation facilities and programs as a contribution to the general welfare of the people of the State," the California Recreation Commission has published a 265-page booklet entitled *Standards for Professional Recreation Personnel.* An extensive study of recreation programs throughout the country preceded publication. The report will help recreation agencies improve the quality of their services by stimulating recruitment of qualified personnel, and by providing a pattern for in-service training.

A. P. H. A. Issues New C. D. Manual

The seventh edition of the American Public Health Association's manual on *The Control of Communicable Diseases in Man*, dated 1950, has just come off the press. The first edition appeared in 1917. It is used officially by the United States Public Health Service and the Navy, and has been approved in principle by the surgeons General of the Army, Navy and Air Force. The text has also been approved in principle by the Ministry of Health for England and Wales and the Department of Health for Scotland. Copies may be obtained in quantity from the A. P. H. A.

National Mental, Negro Health Weeks Scheduled for April

Two national health weeks will be observed during April, National Negro Health Week from April 2d to 9th, and National Mental Health Week from April 23d to 29th. Both will emphasize educational aspects of the respective programs.

National Negro Health Week will feature an "evaluation anniversary," with plans to review 35 years of health progress among the Negro people since their first national health week. The annual observance originated in 1915 in the mind of Booker T. Washington, noted Negro educator, who felt the need of his people for health education and services as a necessary step toward doing something about the high mortality and short life expectancy of the Negro.

In 1931, National Negro Health Week was extended into a continuous health program known as the National Negro Health Movement. Since 1932 this movement has been part of year-round activities of the U. S. Public Health Service.

Theme of National Mental Health Week will be based on the idea that "mental health is the key to effective living * * * and there is something everyone can do about mental health." A national planning committee to step up educational activities for the week includes representatives of the National Committee for Mental Hygiene, the American Psychiatric Association, the U. S. Chamber of Commerce, the National Mental Health Foundation, the National Institute of Mental Health, and local and state mental health societies.

State Rheumatic Fever Program Gains Momentum

Stimulated by a $500,000 appropriation by the 1949 State Legislature, California's rheumatic fever program is being developed rapidly in most areas of the State. Twenty counties have requested state funds as part of basic crippled children's services to be applied in rheumatic fever programs. In addition to the 20 counties a number of rural counties are referring cases to centers for necessary diagnosis and treatment. Four clinics are planned to serve such areas, with acute and long-term care being provided at central facilities as accessible as possible to the rural districts concerned.

Counties which have requested state funds to date include Butte, Colusa, Contra Costa, Del Norte, Fresno, Humboldt, Imperial, Los Angeles, Marin, Merced, Modoc, Napa, San Bernardino, San Diego, San Francisco, Santa Barbara, Santa Clara, Solano, Stanislaus, and Tulare.

West Oakland Health Project Enters Second Year

Financial impetus for continuation of the West Oakland Health Project through its second year comes in the renewal of a grant to the Oakland City Health Department by Columbia Foundation. The 1950 grant of $6,800 was awarded on the basis of the project's accomplishments in community organization for health during its first year.

Earmarked specifically for a health education program in West Oakland, the grant has made possible the assignment of a fulltime professional health educator to the area, plus clerical assistance and miscellaneous expenses. The Oakland Health Department, of which Dr. S. F. Farnsworth is health officer, has provided office space, transportation and educational materials.

The project covers 13 census tracts in the West Oakland section where one-fourth of the city's population lives in one-eighth of the total city area. This older section (population 109,000) is characterized by overcrowding, poor housing, low economic status, lower life expectancy among its residents, and by higher rates of illness and death from communicable diseases. Infant and maternal mortality rates far exceed those for the city as a whole.

As a first step in community organization, a West Oakland Health Council was formed as an autonomous lay group. The council defined its objectives as:

1. To tell the people what is being done to protect the public's health;
2. To emphasize certain positive health measures, such as nutrition;
3. To motivate people toward assuming responsibility for guarding their own health and the health of their families; and
4. To be concerned with a broad community-wide effort toward general understanding and appreciation of good health, and to stimulate individuals and groups of citizens to specific action for the promotion of individual and community health.

Much of the council's activities are centered in the area's eight housing projects, in churches and in the schools. Voluntary agencies, business, civic and fraternal organizations also participate. The council in pooling community resources works largely with groups already organized, drawing leaders from these groups to serve in program planning.

Planning has been done on the basis of a two-year program and in consideration of the needs indicated by the community groups themselves. Major problem areas were defined to include: (1) Nutrition, (2) life expectancy, including the factors of communicable and chronic diseases, and maternal and child health, (3) dental health, (4) housing sanitation, (5) recreation,

and (6) establishment of a health center in West Oakland.

During the first year now completed, activities were in keeping with defined objectives and needs, featuring a health fair, and X-ray survey, a better breakfast campaign, nutrition classes, and numerous community meetings, on health problems, leading to specific actions for improvements.

Plans are going forward to accelerate community activities on all fronts during 1950 betterment of health in West Oakland.

Adoption Procedures Safeguard Child

Parents are constantly directing questions to the Bureau of Records and Statistics about the birth certificates of their adopted children. Many times persons are unaware that a new certificate of birth is issued bearing the name of the child as shown in the decree of adoption, the sex, date and place of birth, as well as names and ages of the foster parents. Nowhere on the new or original certificate is there reference to the adoption of the child. This new birth certificate is issued after the certificate of adoption has been received by the state registrar and filed with the original record of birth.

In some instances the parents make application for establishing a delayed birth registration for the adopted child. In cases where there is no original record of birth, the certificate of adoption is used to establish the birth of the child by delayed birth registration, provided the certificate of adoption contains a statement of date and place of birth.

The newly issued birth certificate supplants any birth certificate perviously issued and is the only certificate open to public inspection. Copies of the original birth certificate filed with local registrars and county recorders are forwarded whenever possible to the state registrar. If the copies cannot be forwarded, the registrar or recorder seals such copies and they are opened only upon court order.

Laws and regulations on birth registration of adopted children are given in the California Health and Safety Code, Division 9, Chapter 3.

Changes in Health Officers

Colusa County: H. Anthon Dahlsrud, M.D., has been appointed Colusa County Health Officer, with headquarters at Colusa. He succeeds Albert E. Raitt, M.D.

Marin County: Clarice Haylett, M.D., has been appointed Health Officer for Marin County, succeeding Irving D. Johnson, M.D.

San Diego Hospital Dedicated

Dedication services were held February 12th for the new 37-bed Palomar Memorial Hospital, Escondido, San Diego County, adding another institution to California's expanding hospital construction program. Formal presentation of the hospital was made by Dr. Wilton L. Halverson, director, State Department of Public Health, and accepted by Mr. Walter G. Ross, president of the hospital's board of directors.

Construction of the hospital began 11 months ago under joint financing through local, state, and federal funds. Palomar Hospital is in the Northern San Diego County Hospital District.

Infant and Maternal Mortality Data Completed for 1948

Final tabulation of live births, and of infant and maternal mortality by place of residence has been completed by the Bureau of Records and Statistics by counties in California for 1948. The range of infant mortality in counties with 1000 or more live births was from 13 infant deaths per 1,000 live births in Marin County to 56.2 per 1,000 in Imperial County. Maternal mortality rates ranged from 0.2 (maternal deaths per 1,000 live births) in Kern, Orange, San Joaquin and San Mateo Counties to 2.2 in Kings County. Rates are not calculated for counties with less than 1,000 live births.

As noted in previous reports, both infant and maternal mortality rates reached new lows in California in 1948. The resident infant mortality declined from 29.5 deaths under one year per 1,000 live births in 1947 to 28.6 in 1948. (The provisional 1949 rate of 26.5 portrays a continuation of this decline to an all-time low.)

In both 1947 and 1948 18 counties had infant mortality rates above the state total. Counties with higher rates were in the San Joaquin and Sacramento Valleys and in part of the Southern California area. Counties with rates below the state total were, in general, in the urban areas of the San Francisco Bay, Central Coast, and in the more urban counties of Southern California.

The resident maternal mortality rate for California decreased from 1.0 death for puerperal causes per 1,000 live births in 1947 to 0.9 per 1,000 in 1948. The numerical decrease in maternal deaths was from 235 in 1947 to 207 in 1948. Although rates are small, deaths from infection and other preventable puerperal causes still occur, showing that there can be further progress in reducing maternal mortality.

Data by counties follows:

Infant and Maternal Mortality: California Counties 1948
(By place of residence)

County	Live births	Infant mortality		Maternal mortality	
		Number	Rate	Number	Rate
California, Total	239,518	6,858	28.6	207	0.9
Alameda	17,840	425	23.8	10	0.6
Alpine	1				
Amador	193	4	*		
Butte	1,534	45	29.3	3	2.0
Calaveras	188	4	*		
Colusa	294	8	*		
Contra Costa	8,067	211	26.2	10	1.2
Del Norte	182	9	*		
El Dorado	304	10	*		
Fresno	7,171	256	35.7	7	1.0
Glenn	347	13	*		
Humboldt	1,573	52	33.1		
Imperial	1,941	109	56.2	2	1.0
Inyo	251	9	*	1	*
Kern	6,168	247	40.0	1	0.2
Kings	1,381	57	41.3	3	2.2
Lake	254	14	*	1	*
Lassen	440	22	*	2	*
Los Angeles	87,736	2,345	26.7	85	1.0
Madera	972	44	*	2	*
Marin	1,842	24	13.0		
Mariposa	92	1	*		
Mendocino	881	27	*	1	*
Merced	1,886	71	37.6	2	1.1
Modoc	207	8	*		
Mono	16	1	*		
Monterey	3,265	88	27.0	2	0.6
Napa	749	19	*	1	*
Nevada	366	6	*	2	*
Orange	4,987	155	31.1	1	0.2
Placer	858	20	*	2	*
Plumas	332	13	*		
Riverside	3,957	148	37.4	4	1.0
Sacramento	6,370	191	30.0	4	0.6
San Benito	358	18	*	1	*
San Bernardino	6,489	209	32.2	7	1.1
San Diego	13,120	346	26.4	11	0.8
San Francisco	16,232	387	23.8	13	0.8
San Joaquin	4,771	139	29.1	1	0.2
San Luis Obispo	1,041	24	23.1	1	1.0
San Mateo	4,976	113	22.7	1	0.2
Santa Barbara	2,298	59	25.7	2	0.9
Santa Clara	6,434	174	27.0	3	0.5
Santa Cruz	1,265	43	34.0	2	1.6
Shasta	856	35	*		
Sierra	31	1	*		
Siskiyou	699	16	*		
Solano	3,191	108	33.8	2	0.6
Sonoma	2,056	60	29.2		
Stanislaus	3,161	99	31.3	4	1.3
Sutter	670	11	*	1	*
Tehama	376	13	*		
Trinity	83	6	*		
Tulare	4,014	173	43.1	6	1.5
Tuolumne	280	9	*	1	*
Ventura	2,731	94	34.4	3	1.1
Yolo	1,044	29	27.8	1	1.0
Yuba	694	36	*	1	*
County not stated	3				

* Rates not calculated for less than 1,000 live births.
NOTE: Rates are per 1,000 live births.

"When housing is associated with dampness, inadequate warmth, darkness, poor ventilation, accidents, vermin and rodent infection, lack of sanitary conveniences, and overcrowding, it does affect the health of the occupants directly, both through the transmission of infection and through the debilitating effects of an unfavorable environment."—*Dr. Murray P. Horwood, Professor of Bacteriology and Sanitation, Massachusetts Institute of Technology.*

California Morbidity Reports
Selected Diseases—Civilian Cases

Total Cases for January, 1950, 1949, 1948 and 5-Year Median (1945-1949)

Selected diseases	Current month: January			
	1950	1949	1948	5-yr. median 1945-1949
Amebiasis	19	32	19	
Anthrax				
Botulism	2		1	
Brucellosis (undulant fever)	9	5	19	
Chancroid	25	42	26	
Chickenpox	3,104	4,470	4,045	
Cholera				
Coccidioidomycosis, disseminated	4	6	3	
Conjunctivitis, acute infectious of newborn			1	
Dengue				
Diarrhea of the newborn	16	3	55	
Diphtheria	45	43	51	
Encephalitis, infectious	5	3	3	
Epilepsy	182	192	178	
Food poisoning	13	3	9	
German measles	203	630	177	
Gonococcus infection	1,535	1,952	2,341	
Granuloma inguinale	1	2	6	
Hepatitis, infectious	33	21	10	
Influenza, epidemic	60	107	5,343	
Leprosy			2	
Leptospirosis (Weil's disease)	2			
Lymphogranuloma venereum	8	9	21	
Malaria		3	8	
Measles	718	3,052	2,484	
Meningitis, meningococcal	33	27	53	
Mumps	3,501	3,545	1,973	
Pertussis	523	228	409	
Plague				
Pneumonia, infectious	177	197	250	
Poliomyelitis, acute anterior	94	189	13	
Psittacosis				
Rabies, animal	2	20	40	
Rabies, human				
Relapsing fever				
Rheumatic fever, acute	26	43	77	
Rocky Mountain spotted fever				
Salmonella infections*	10	2	6	
Shigella infections (bacillary dysentery)	40	31	17	
Smallpox				
Streptococcal infections:				
Scarlet fever	458	433	409	
Streptococcal sore throat (and "septic sore throat")	64	72	70	
Syphilis	744	1,408	1,408	
Tetanus	2		5	
Trachoma	2	2	2	
Trichinosis	1			
Tuberculosis:				
Respiratory	595	620	629	
Other forms	36	34	41	
Tularemia				
Typhoid fever	7	9	20	
Typhus fever			2	
Yellow fever				

* All types of Salmonella infections now reportable. Prior to January 1, only A, B and C types were reportable; hence 5-year median not entirely comp

The first X-ray picture of an entire human bo was made in 1896 by Dr. Dayton C. Miller, physicist the Case Institute of Technology, at Cleveland. D Miller strapped himself in a frame to prevent mot during a one-and-one-half-hour exposure under Crookes Tube.—*Newsletter of the Cleveland He Museum, Issue of November, 1949.*

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